



Texas Department of Insurance, Division of Workers' Compensation  
Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor's Name and Address:

Jeffrey Reuben, M.D.  
4126 Southwest Freeway, Ste. 700  
Houston, TX 77027

MFDR Tracking #: M4-08-1999-01

DWC

Injured

Date

Employer

Insurance

Respondent Name and Box #:

Commerce & Industry Insurance  
Rep. Box #: 19

### PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "...The carrier has reimbursed the claim incorrectly. Procedure 99215 was denied. The injection was a separate and distinct procedure from the office visit itself. Therefore, Medicare reimbursement methodologies require payment when procedure 20610 is billed with modifier 25... We simply request that the carrier comply with the Commissions' rule regarding reimbursement..."

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$000.00
3. CMS 1500s
4. EOBs

Sent

APR 23 2008

TEXAS DEPARTMENT OF INSURANCE  
DIVISION OF WORKERS'  
COMPENSATION

### PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "...After review of the Medical Fee Dispute, the carrier will pay the bill in question. The bill has been set for re-audit. Payment will be forthcoming..."

Principle Documentation:

1. Response to DWC 60

### PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Codes	Part V Reference	Amount Ordered
10/08/07	CPT Code 99215 (\$124.77 x 125%)	4 (97)	1 - 3	\$155.96
Total Due:				\$155.96

### PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

1. These services were denied by the Respondent with reason code "4 (97) - Payment is included in the allowance for another service/procedure."
2. Per 28 Texas Administrative Code Section 134.202(b) CPT Code 99215 is not global to any other service performed on the same day. Therefore, per rule 134.202(c)(1) reimbursement is recommended.

3. Per review of Box 32 on CMS-1500, zip code 77027 is located in Harris County. The maximum reimbursement amount, under Rule 134.202(b), is determined by locality.

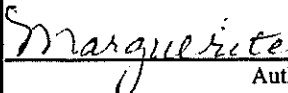
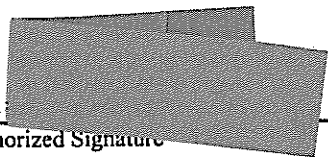
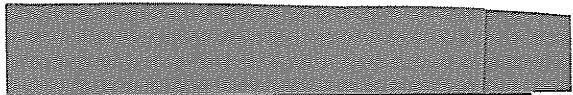
#### PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311  
28 Texas Administrative Code Section. 134.1, Section. 134.202  
Texas Government Code, Chapter 2001, Subchapter G

#### PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$155.96 plus applicable accrued interest per Division Rule 134.130, due within 30 days of receipt of this Order.

#### ORDER :

			April 22, 2008
Authorized Signature		Medical Fee Dispute Resolution Officer	Date

#### PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.